Kronick
Kalada
Berdy & Co.
A Professional Corporation

Certified Public Accountants

FEBRUARY 4, 2025

UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY
100 NORTH PENNSYLVANIA AVENUE
WILKES BARRE, PA 18701

UNITED WAY OF WYOMING VALLEY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2023 FORM 990

2023 PENNSYLVANIA FORM BCO-10

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

KRONICK KALADA BERDY & CO., P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

Prepared for	UNITED WAY OF WYOMING VALLEY ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701
Prepared by	KRONICK KALADA BERDY & CO., P.C. 190 LATHROP ST. KINGSTON, PA 18704
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2025.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

Name of filer: UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

EIN or SSN: **-***1490

Name and title of officer or person subject to tax: JENNIFER SORDONI
INTERIM PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	10,458,932.
2a	**Form 990-EZ** check here		**b** **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		**b** **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		**b** **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		**b** **Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		**b** **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		**b** **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		**b** **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize KRONICK KALADA BERDY & CO., P.C. to enter my PIN 67890

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 23725823266

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature SHARON KELLEY, CPA Date 02/04/25

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

FOR YOUR RECORDS

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

DO NOT FILE

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Taxpayer identification number (TIN)
-*1490

Number, street, and room or suite no. If a P.O. box, see instructions.
100 NORTH PENNSYLVANIA AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
WILKES BARRE, PA 18701

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of FRANCIS J. COLLINI, C/O UNITED WAY - 100 NORTH PENNSYLVANIA AVENUE, 2ND FL - WILKES BARRE, PA 18701

Telephone No. 570-829-6711 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or

☒ tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

FOR YOUR RECORDS

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

DO NOT FILE

EXTENDED TO MAY 15, 2025

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 **and ending** JUN 30, 2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 NORTH PENNSYLVANIA AVENUE

City or town, state or province, country, and ZIP or foreign postal code
WILKES BARRE, PA 18701

F Name and address of principal officer: JENNIFER SORDONI
SAME AS C ABOVE

D Employer identification number
-*1490

E Telephone number
570-829-6711

G Gross receipts $ 14,123,106.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.UNITEDWAYWB.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1956 **M** State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O FOR COMPLETE DESCRIPTION

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	1285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	26,221.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,533,268.	9,871,257.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	713,663.	561,454.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,580.	26,221.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,285,511.	10,458,932.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,162,435.	5,811,095.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,490,185.	1,688,350.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 634,218.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,499,350.	2,148,614.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,151,970.	9,648,059.
19	Revenue less expenses. Subtract line 18 from line 12	1,133,541.	810,873.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,369,420.	31,442,606.
21	Total liabilities (Part X, line 26)	2,957,833.	3,456,273.
22	Net assets or fund balances. Subtract line 21 from line 20	25,411,587.	27,986,333.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

JENNIFER SORDONI, INTERIM PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
SHARON KELLEY, CPA	SHARON KELLEY, CPA	02/04/25	☐	P01084424

Firm's name KRONICK KALADA BERDY & CO., P.C. — Firm's EIN **-***7890

Firm's address 190 LATHROP ST.
KINGSTON, PA 18704 — Phone no. 570-283-2727

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
TO IMPACT LIVES - TODAY, TOMORROW, AND FOREVER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,793,758. including grants of $) (Revenue $)
THROUGH THE UNITED WAY OF WYOMING VALLEY'S POVERTY TO POSSIBILITY INITIATIVE AND OTHER INITIATIVES IN SUSQUEHANNA COUNTY AND BERWICK, THE ORGANIZATION INVESTS IN PROGRAMS AND SERVICES TO HELP AT-RISK CHILDREN ENTER KINDERGARTEN READY TO LEARN AND MOVE THROUGH SCHOOL AND BEYOND GRADUATION WITH CONFIDENCE; TO HELP AT-RISK INDIVIDUALS AND FAMILIES ACHIEVE GREATER FINANCIAL STABILITY; AND TO HELP AT-RISK CHILDREN AND FAMILIES ACHIEVE GOOD HEALTH AND AVOID RISKY BEHAVIORS. THE ORGANIZATION ALSO WORKS TO PROVIDE ACCESS TO FOOD, SHELTER AND OTHER ESSENTIAL SERVICES FOR INDIVIDUALS, FAMILIES AND YOUTH WHO FACE THREATS TO THEIR IMMEDIATE WELL BEING.

4b (Code:) (Expenses $ 5,589,897. including grants of $ 5,811,095.) (Revenue $)
PA DEPARTMENT OF HEALTH HIV CONTRACT - STATE AND FEDERAL FUNDS ARE ALLOCATED TO UNITED WAY OF WYOMING VALLEY FOR A VARIETY OF HIV/AIDS SERVICES IN THE SIX COUNTY REGION OF NORTHEASTERN PA. THESE SERVICES INCLUDE PROVIDING HOUSING ASSISTANCE AND SUBCONTRACTING WITH SEVERAL AGENCIES TO PROVIDE HIV PREVENTION SERVICES AS WELL AS HIV CASE MANAGEMENT SERVICES. THROUGH MEDICAL CASE MANAGEMENT CLIENTS MAY ALSO RECEIVE A VARIETY OF PATIENT SERVICES INCLUDING; MEDICAL CARE, DENTAL CARE, HOUSING ASSISTANCE, TRANSPORTATION ASSISTANCE, EMERGENCY FINANCIAL ASSISTANCE, AND SEVERAL ADDITIONAL SUPPORTIVE SERVICES. APPROXIMATELY 360 INDIVIDUALS RECEIVE HIV CARE AND PREVENTION SERVICES THROUGH THE ASSISTANCE PROVIDED WITH THESE FUNDS.

4c (Code:) (Expenses $ including grants of $) (Revenue $)
TAX CREDIT PROGRAMS - UNITED WAY OF WYOMING VALLEY IS AN APPROVED RECIPIENT BY PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT TO RECEIVE THE FOLLOWING FOUR TYPES OF EITC TAX CREDITS: PRE-KINDERGARTEN, K-12 SCHOLARSHIP (SO), OPPORTUNITY SCHOLARSHIP (OSTC) EDUCATIONAL IMPROVEMENT (EIO). BY DONATING TO UNITED WAY OF WYOMING VALLEY THROUGH ONE OF THESE PROGRAMS, A COMPANY MAY BE ELIGIBLE TO RECEIVE A TAX CREDIT FOR THEIR DONATION. SOME PRE-K AND EIO SCHOLARSHIPS ARE INCLUDED IN THE GRANTS AMOUNT DESCRIBED IN 4A. THE OPPORTUNITY SCHOLARSHIP AND THE K-12 SCHOLARSHIP PROGRAMS PROVIDE SCHOLARSHIPS TO STUDENTS FROM LIMITED INCOME FAMILIES TO ASSIST WITH THE COST OF A PRIVATE OR RELIGIOUS EDUCATION.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,025,502. including grants of $) (Revenue $)

4e Total program service expenses 8,409,157.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	126		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

FRANCIS J. COLLINI, C/O UNITED WAY - 570-829-6711
100 NORTH PENNSYLVANIA AVENUE, 2ND FL, WILKES BARRE, PA 18701

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM M JONES PRESIDENT/CEO	40.00			X				180,901.	0.	42,443.
(2) FRANCIS COLLINI CFO	40.00			X				89,989.	0.	13,774.
(3) GINO BARTOLI FINANCE/AUDIT COMMITTEE	1.00	X						0.	0.	0.
(4) SARAH BLOCK HIV/CIC COMMITTEE	0.50	X						0.	0.	0.
(5) CARMEN KAHIU PERSONNEL & ETHICS CHAIR/STEERIN	0.50	X						0.	0.	0.
(6) BILL SORDONI EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(7) DANIELLE HAWLEY 2ND VICE CHAIR, TREASURER	2.00	X		X				0.	0.	0.
(8) JOHN MCCARTHY FINANCE & AUDIT/YOUNG PROF	1.00	X						0.	0.	0.
(9) TROY STANDISH SECRETARY, EXECUTIVE/GOVERNANCE	2.00	X		X				0.	0.	0.
(10) SUSANNE MULLIN FINANCE & AUDIT COMMITTEE	1.00	X						0.	0.	0.
(11) PAT ENDLER CIC/STEERING COMMITTEE	2.00	X						0.	0.	0.
(12) DON BROMINSKI EXECUTIVE/GOVERNANCE CHAIR/STEERING	2.00	X		X				0.	0.	0.
(13) ATTY. PAUL RUSHTON 1ST VICE CHAIR, EXECUTIVE/GOVERNANCE	2.00	X		X				0.	0.	0.
(14) ROBERT GRAHAM III FINANCE & AUDIT COMMITTEE	1.00	X						0.	0.	0.
(15) CARL WITKOWSKI STEERING CHAIR/CIC COMMITTEE	1.00	X		X				0.	0.	0.
(16) REV. MICHAEL BREWSTER CIC COMMITTEE	0.50	X						0.	0.	0.
(17) TARA MUGFORD WILSON CHAIR, EXECUTIVE COMMITTEE	2.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ZUBEEN SAEED	1.00									
STEERING/GOVERNANCE COMMITTEE		X						0.	0.	0.
(19) BETH HASTIE	1.00									
CIC COMMITTEE		X						0.	0.	0.
(20) GERT MCGOWAN	1.00									
CIC COMMITTEE, VICE CHAIR		X						0.	0.	0.
(21) MEGAN KENNEDY	1.00									
CIC COMMITTEE		X						0.	0.	0.
(22) CHRISTINE JENSEN	2.00									
CIC - CHAIR/EXECUTIVE		X		X				0.	0.	0.
(23) DAN KIMBROUGH	0.50									
STEERING/CIC COMMITTEE		X						0.	0.	0.
(24) LINDSAY GRIFFIN-BOYLAN	1.00									
GOVERNANACE COMMITTEE		X						0.	0.	0.
(25) JAMES FOREMAN	0.50									
PERSONNEL & ETHICS/HIV		X						0.	0.	0.
(26) TINA DOWD	0.50									
STEERING/FINANCE & AUDIT COMMITTEE		X						0.	0.	0.
1b Subtotal								270,890.	0.	56,217.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								270,890.	0.	56,217.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WYOMING VALLEY AIDS COUNCIL, 330 BOWMAN STREET, UNIT #1, WILKES-BARRE, PA 18702	COUNSELING	1,470,958.
THE WRIGHT CENTER 510 MADISON AVENUE, SCRANTON, PA 18510	COUNSELING	1,268,436.
CARING COMMUNITIES, 67 PUBLIC SQUARE, STE 508, WILKES-BARRE, PA 18701	COUNSELING	714,815.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) CARMEN MAGISTRO FINANCE & AUDIT COMMITTEE	1.00	X						0.	0.	0.
(28) AMY VIENEY PERSONNEL & ETHICS/CIC COMMITTEE	0.50	X						0.	0.	0.
(29) DR. GREG CANT FINANCE & AUDIT/GOVERNANCE COMMITTEE	1.00	X						0.	0.	0.
(30) KERRI MCKEOWN CIC/PERSONNEL & ETHICS COMMITTEE	0.50	X						0.	0.	0.
(31) JOSH KATYL GOVERNANACE /PERSONNEL & ETHICS COMM	0.50	X						0.	0.	0.
(32) ED CASULLI FINANCE & AUDIT COMMITTEE	0.50	X						0.	0.	0.
(33) DR. DAN MYERS FINANCE & AUDIT COMMITTEE	0.50	X						0.	0.	0.
(34) DANI MOONEY CIC COMMITTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,908,430.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,962,827.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			9,871,257.			
Program Service Revenue		**Business Code**					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			674,905.			674,905.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	3,550,723.				
	b Less: cost or other basis and sales expenses	7b	3,664,174.				
	c Gain or (loss)	7c	-113,451.				
	d Net gain or (loss)			-113,451.	-113,451.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a SERVICE FEE INCOME	900099		26,221.		26,221.	
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			26,221.			
	12 **Total revenue.** See instructions			10,458,932.	-113,451.	26,221.	674,905.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,811,095.	5,811,095.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	327,106.	71,964.	215,890.	39,252.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,064,261.	631,159.	149,403.	283,699.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	194,760.	101,497.	30,160.	63,103.
10 Payroll taxes	102,223.	53,257.	25,084.	23,882.
11 Fees for services (nonemployees):				
a Management	69,602.	19,335.	41,881.	8,386.
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	128,792.	128,792.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	125,263.	41,675.	47,161.	36,427.
17 Travel	16,361.	9,186.	5,275.	1,900.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,374.	18,631.	3,942.	801.
20 Interest				
21 Payments to affiliates	36,635.	8,426.	23,446.	4,763.
22 Depreciation, depletion, and amortization	4,406.	1,013.	2,820.	573.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DIRECT ASSISTANCE	1,046,778.	1,046,778.		
b COMMUNITY PROGRAMS	401,226.	401,226.		
c SPECIAL EVENTS	126,995.	6,040.	9,388.	111,567.
d COMMUNICATION AND MARKE	75,553.	22,994.	4,835.	47,724.
e All other expenses	93,629.	36,089.	45,399.	12,141.
25 **Total functional expenses.** Add lines 1 through 24e	9,648,059.	8,409,157.	604,684.	634,218.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,656,759.	1	2,801,017.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,555,094.	3	2,333,672.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,019.	9	11,706.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 197,741.			
	b	Less: accumulated depreciation — 10b: 182,141.	20,006.	10c	15,600.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	23,363,718.	12	25,577,019.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	765,824.	15	703,592.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	28,369,420.	16	31,442,606.
Liabilities	17	Accounts payable and accrued expenses	671,984.	17	1,214,327.
	18	Grants payable		18	
	19	Deferred revenue	122,907.	19	30,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,162,942.	25	2,211,946.
	26	**Total liabilities.** Add lines 17 through 25	2,957,833.	26	3,456,273.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	10,932,638.	27	12,815,293.
	28	Net assets with donor restrictions	14,478,949.	28	15,171,040.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	25,411,587.	32	27,986,333.
	33	Total liabilities and net assets/fund balances	28,369,420.	33	31,442,606.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ... X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,458,932.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,648,059.
3	Revenue less expenses. Subtract line 2 from line 1	3	810,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,411,587.
5	Net unrealized gains (losses) on investments	5	1,744,487.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	19,385.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,986,332.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ... X

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number **-***1490

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,874,709.	7,263,397.	8,366,377.	8,533,268.	9,871,257.	41,909,008.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,874,709.	7,263,397.	8,366,377.	8,533,268.	9,871,257.	41,909,008.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						41,909,008.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7,874,709.	7,263,397.	8,366,377.	8,533,268.	9,871,257.	41,909,008.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	236,438.	967,495.	532,806.	713,663.	561,454.	3,011,856.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,713.	70,247.	172,584.	38,580.	26,221.	365,345.
11 **Total support.** Add lines 7 through 10						45,286,209.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	92.54 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	92.27 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2023 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
-*1490

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
-*1490

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220	$ 210,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
-*1490

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
-*1490

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number **-***1490

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,670,271.	20,793,912.	21,913,062.	16,564,024.	16,929,603.
b Contributions			148,763.		
c Net investment earnings, gains, and losses	2,942,161.	1,933,332.	-1,264,160.	5,407,028.	-340,583.
d Grants or scholarships					
e Other expenditures for facilities and programs		25,200.			
f Administrative expenses	35,413.	31,773.	33,753.	27,990.	24,996.
g End of year balance	25,577,019.	22,670,271.	20,793,912.	21,913,062.	16,564,024.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		197,741.	182,141.	15,600.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				15,600.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CORPORATE BONDS	997,382.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	19,756,527.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET ACCOUNT	55,004.	END-OF-YEAR MARKET VALUE
(D) U.S. TREASURY NOTES	4,768,106.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	25,577,019.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	134,912.
(3) ALLOCATIONS PAYABLE	1,539,655.
(4) ACCRUED PAYROLL	91,474.
(5) RESERVE FOR SPECIAL FUNCTIONS	1,580.
(6) ACCRUED MISCELLAENOUS	46,241.
(7) OPERATING LEASE LIABILITY	398,084.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,211,946.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,869,046.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,744,487.		
b	Donated services and use of facilities	2b	37,976.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	19,385.		
e	Add lines **2a** through **2d**			2e	1,801,848.
3	Subtract line **2e** from line **1**			3	10,067,198.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	391,734.		
c	Add lines **4a** and **4b**			4c	391,734.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	10,458,932.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,294,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	37,976.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	37,976.
3	Subtract line **2e** from line **1**			3	9,256,325.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	391,734.		
c	Add lines **4a** and **4b**			4c	391,734.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,648,059.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST 19,385.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 391,734.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 391,734.

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number **-***1490

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BEYOND VIOLENCE 1612 WALNUT ST BERWICK, PA 18603	**-***9786	3	18,414.	0.			PROGRAM OPERATING COSTS
AGAPE 19 E 7TH STREET BLOOMSBURG, PA 17815	**-***1692	3	18,042.	0.			PROGRAM OPERATING COSTS
COLUMBIA COUNTY FAMILY SERVICES PO BOX 380 BLOOMSBURG, PA 17815	**-***0727	3	22,396.	0.			PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 33 E NORTHAMPTON ST WILKES BARRE, PA 18701	**-***8341	3	79,419.	0.			PROGRAM OPERATING COSTS
CATHOLIC YOUTH CENTER 36 S WASHINGTON ST WILKES BARRE, PA 18701	**-***7221	3	85,007.	0.			PROGRAM OPERATING COSTS
CHILD DEVELOPMENT COUNCIL OF NEPA 9 E MARKET ST, SUITE B WILKES BARRE, PA 18701	**-***5342	3	30,000.	0.			PROGRAM OPERATING COSTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

3 Enter total number of other organizations listed in the line 1 table .....

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S SERVICE CENTER 335 S FRANKLIN ST WILKES BARRE, PA 18701	**-***5404	3	27,500.	0.			PROGRAM OPERATING COSTS
COMMISSION ON ECONOMIC OPPORTUNITY PO BOX 1127, 165 AMBER LANE WILKES BARRE, PA 18703	**-***3093	3	105,576.	0.			PROGRAM OPERATING COSTS
DOLLYWOOD FOUNDATION 2700 DOLLYWOOD PARKS BLVD PIGEON FORGE, TN 37863	**-***8105	3	86,676.	0.			PROGRAM OPERATING COSTS
ROMAN CATHOLIC DIOCESE OF SCRANTON 300 WYOMING AVE SCRANTON, PA 18503	**-***8640	3	96,164.	0.			PROGRAM OPERATING COSTS
DOMESTIC VIOLENCE SERVICE CENTER 13 E SOUTH STREET WILKES BARRE, PA 18703	**-***0668	3	65,950.	0.			PROGRAM OPERATING COSTS
FAMILY SERVICE ASSOCIATION 31 WEST MARKET STREET WILKES BARRE, PA 18701	**-***5415	3	55,750.	0.			PROGRAM OPERATING COSTS
JEWISH COMMUNITY ALLIANCE 60 S RIVER ST WILKES BARRE, PA 18702	**-***5437	3	18,000.	0.			PROGRAM OPERATING COSTS
MATERNAL & FAMILY HEALTH SERVICES 15 PUBLIC SQUARE, SUITE 600 WILKES BARRE, PA 18701	**-***6766	3	10,257.	0.			PROGRAM OPERATING COSTS
MCGLYNN LEARNING CENTER PO BOX 842, 72 MIDLAND CT WILKES BARRE, PA 18702	**-***7291	3	65,000.	0.			PROGRAM OPERATING COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUZERNE COUNTY HEAD START INC 23 BEEKMAN ST, PO BOX 540 WILKES BARRE, PA 18703	**-***8753	3	77,903.	0.			PROGRAM OPERATING COSTS
MONTESSORI SCHOOL OF WYOMING VALLEY - 851 W MARKET STREET - KINGSTON, PA 18704	**-***9715	3	10,000.	0.			PROGRAM OPERATING COSTS
SUSQUEHANNA COUNTY INTERFAITH 17 PUBLIC AVE MONTROSE, PA 18801	**-***6246	3	16,000.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF LACKAWANNA COUNTY, PIKE, WAYNE - 615 JEFFERSON AVE - SCRANTON, PA 18501	**-***4164	3	128,070.	0.			PROGRAM OPERATING COSTS
VICTIMS RESOURCE CENTER 71 NORTH FRANKLIN STREET WILKES BARRE, PA 18701	**-***3148	3	47,425.	0.			PROGRAM OPERATING COSTS
VOLUNTEERS OF AMERICA 25 N RIVER STREET WILKES BARRE, PA 18702	**-***5785	3	46,415.	0.			PROGRAM OPERATING COSTS
WILKES BARRE ACADEMY 20 STEVENS ROAD WILKES BARRE, PA 18702	**-***8225	3	15,000.	0.			PROGRAM OPERATING COSTS
BERWICK AREA INDUSTRIAL DEVELOPMENT ASSOCIATION - 107 SOUTH MARKET STREET - BERWICK, PA 18603	**-***1693	3	9,856.	0.			PROGRAM OPERATING COSTS
WOMEN'S RESOURCE CENTER PO BOX 202 MONTROSE, PA 18801	**-***3915	3	30,250.	0.			PROGRAM OPERATING COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING VALLEY CHILDREN'S ASSOCIATION - 1133 WYOMING AVENUE - FORTY FORT, PA 18704	**-***5510	3	92,867.	0.			PROGRAM OPERATING COSTS
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	**-***1527	3	96,830.	0.			PROGRAM OPERATING COSTS
WILKES UNIVERSITY - SHINE 84 W SOUTH STREET WILKES BARRE, PA 18766	**-***5506	3	57,000.	0.			PROGRAM OPERATING COSTS
BERWICK AREA YMCA 231 WEST THIRD STREET BERWICK, PA 18603	**-***3665	3	11,458.	0.			PROGRAM OPERATING COSTS
MCGOWAN CENTER FOR HEALTY LIVING 165 AMBER LANE, PO BOX 1127 WILKES BARRE, PA 18702	**-***3093	3	7,307.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY 17 S PENNSYLVANIA AVE WILKES BARRE, PA 18701	**-***2351	3	14,160.	0.			PROGRAM OPERATING COSTS
GREATER WYOMING VALLEY AREA YMCA 40 WEST NORTHAMPTON STREET WILKES BARRE, PA 18701	**-***5638	3	119,163.	0.			PROGRAM OPERATING COSTS
SUSQUEHANNA CO LIBRARY ASSOCIATION 458 HIGH SCHOOL ROAD MONTROSE, PA 18801	**-***8835	3	6,500.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF PENNSYLVANIA 20 ERFORD RD, SUITE 215 LEMOYNE, PA 17043	**-***2348	3	10,500.	0.			PROGRAM OPERATING COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 18224	**-***5967	3	13,000.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF WYOMING COUNTY 119 WARREN STREET TUNKHANNOCK, PA 18657	**-***9038	3	5,099.	0.			PROGRAM OPERATING COSTS
FOR THE CAUSE TEEN CENTER PO BOX 816 BERWICK, PA 18603	**-***7276	3	16,500.	0.			PROGRAM OPERATING COSTS
AREA ON AGING 111 NORTH PENNSYLVANIA BLVD WILKES BARRE, PA 18701	**-***0731	3	14,090.	0.			PROGRAM OPERATING COSTS
THE WRIGHT CENTER MEDICAL GROUP 510 MADISON AVENUE SCRANTON, PA 18510	**-***2504	3	14,293.	0.			PROGRAM OPERATING COSTS
LAKESHORE LEARNING MATERIALS 2695 E DOMINGUEZ STREET CARSON, CA 90895	**-***2658	3	40,273.	0.			PROGRAM OPERATING COSTS
LUZERNE INTERMEDIATE UNIT #18 368 TIOGA AVENUE KINGSTON, PA 18704	**-***1699	3	46,643.	0.			PROGRAM OPERATING COSTS
SUSQUEHANNA VALLEY UNITED WAY PO BOX 559 SUNBURY, PA 17801	**-***7631	3	32,872.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF COLUMBIA & MOUNTOUR CITY - PO BOX 313 - BLOOMSBURG, PA 17815	**-***0626	3	5,392.	0.			PROGRAM OPERATING COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER HAZLETON 200 W CHAPEL STREET 2ND FLOOR HAZLETON, PA 18201	**-***6034	3	32,766.	0.			PROGRAM OPERATING COSTS
ALLONE CHARITIES 83 E UNION STREET WILKES BARRE, PA 18701	**-***5226	3	50,000.	0.			PROGRAM OPERATING COSTS
CONSUMER CREDIT COUNSELING SERVICE OF NEPA INC - 401 LAUREL STREET - PITTSTON, PA 18640	**-***2807	3	5,234.	0.			PROGRAM OPERATING COSTS
MOSES TAYLOR FOUNDATION 125 N WASHINGTON AVE, SUITE 205 SCRANTON, PA 18503	**-***1586	3	8,469.	0.			PROGRAM OPERATING COSTS
POCONO MOUNTAINS UNITED WAY 301 MCCONNELL STREET STROUDSBURG, PA 18360	**-***7026	3	45,312.	0.			PROGRAM OPERATING COSTS
VALLEY YOUTH HOUSE COMMITTEE INC. 3400 HIGH POINT BLVD BETHLEHEM, PA 18017	**-***8820	3	27,500.	0.			PROGRAM OPERATING COSTS
NEPA COMMUNITY HEALTH CENTER PO BOX 498 MONTROSE, PA 18801	**-***6116	3	27,175.	0.			PROGRAM OPERATING COSTS
SCHOOL HEALTH CORPORATION 5600 APOLLO DRIVE ROLLING MEADOWS, IL 60008	**-***5385	3	8,579.	0.			PROGRAM OPERATING COSTS
TRINITY PRESBYTERIAN CHURCH 105 IREM ROAD DALLAS, PA 18612	**-***1830	3	8,000.	0.			PROGRAM OPERATING COSTS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL PROGRAMS THAT RECEIVE FUNDING FROM THE UNITED WAY'S ALLOCATION PROCESS MUST FOLLOW PROCEDURES TO DEMONSTRATE THEIR ACCOUNTABILITY. AGENCIES REPORT TO UNITED WAY ON A QUARTERLY BASIS, PROVIDING THE NUMBER OF SERVICES, ACTIVITIES, AND CLIENTS SERVED FOR THE MONTH. EACH YEAR, UNITED WAY VOLUNTEERS AND STAFF MEET WITH AGENCIES TO VERIFY THEIR USE OF UNITED WAY FUNDING BY REVIEWING SPECIFIC CLIENT INFORMATION, NUMBER OF SERVICES PROVIDED, AND EVIDENCE OF CLIENT NEED. VOLUNTEERS ALSO REVIEW THE PROGRAM'S YEAR END RESULTS TO ENSURE THAT PROGRAM OUTCOMES HAVE BEEN MET.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number: **-***1490

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM M JONES	(i)	151,687.	29,214.	0.	16,281.	26,162.	223,344.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number: **-***1490

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	2	800.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (PROMOTIONAL ITE)	X	19	37,176.	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH STRATEGIC INVESTMENTS IN EDUCATION, INCOME, HEALTH AND SAFETY NET PRIORITIES, THE UNITED WAY OF WYOMING VALLEY PROVIDES LEADERSHIP THAT IMPROVES COMMUNITY CONDITIONS AND ADVANCES THE COMMON GOOD FOR ALL. THE ORGANIZATION IS SPECIFICALLY FOCUSED ON THE GROWING ISSUES OF CHILDHOOD POVERTY AND HAS CREATED THE POVERTY TO POSSIBILITY INITIATIVE TO IMPROVE THE ODDS FOR CHILDREN AND FAMILIES IN THE WYOMING VALLEY TO BE SUCCESSFUL. THE ORGANIZATION ACCOMPLISHES ITS GOALS THROUGH COMMUNITY ENGAGEMENT, RESOURCE DEVELOPMENT AND INVESTMENT, ADVOCACY AND VOLUNTEERISM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DONOR DESIGNATED GIFTS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC 501C3 AGENCIES

COMMUNITY IMPACT AND OTHER PROGRAM SERVICES

EXPENSES $ 1,025,502. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THE ORGANIZATION ISSUES A QUESTIONNAIRE ANNUALLY TO EACH OF ITS BOARD MEMBERS TO DETERMINE IF THERE ARE FAMILY OR BUSINESS RELATIONSHIPS EXISTING THAT MAY REQUIRE DISCLOSURE OR PRESENT A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS BY EMAIL. IT IS

Name of the organization: UNITED WAY OF WYOMING VALLEY ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number: **-***1490

PRESENTED, IN DETAIL, AT A MEETING OF THE FINANCE AND ADMINISTRATION COMMITTEE FOR ACCEPTANCE AND APPROVAL. IT IS THEN PRESENTED AT A FULL MEETING OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, A QUESTIONNAIRE IS MAILED TO ALL BOARD MEMBERS ASKING THEM TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST

FORM 990, PART VI, SECTION B, LINE 15:

ORGANIZATION'S PRESIDENT/CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE MEMBERS. ANY INCREASES OR ONE TIME ADJUSTMENTS WILL BE MADE, ONLY UPON WRITTEN RECOMMENDATION OF THIS COMMITTEE AND THROUGH APPROVAL OF THE ORGANIZATION'S ANNUAL OPERATING BUDGET BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. ORGANIZATION'S FORM 990 HAS ALWAYS BEEN MADE AVAILABLE TO THE PUBLIC THROUGH GUIDESTAR'S WEBSITE. UNITED WAY'S FORM 990 AND ANNUAL AUDIT REPORT ARE NOW MADE AVAILABLE THROUGH ITS OWN WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS ACQUIRED OVER LIABILITIES ASSUMED OF BERWICK UNITED WAY 19,385.

FORM 990, PAGE 7, PART VII, LINE 1A

THE ORGANIZATION HAS NOT CHANGED ITS' OVERSIGHT PROCESSES OR SELECTION PROCESSES IN REGARDS TO THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Name of the organization UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number **-***1490

OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIALS STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
324	75" CONFERENCE ROOM SCRE	06/29/21	SL	5.00		16	6,706.				6,706.	4,225.		1,341.	5,566.
325	NEW SERVER	04/28/23	SL	7.00		16	8,140.				8,140.	299.		1,795.	2,094.
212	WATER COOLER	04/04/00	200DB	7.00	HY	17	728.				728.	728.		0.	728.
242	6 LAZER PRINTERS	10/15/03	SL	5.00		16	1,212.				1,212.	1,212.		0.	1,212.
249	3 LAZER PRINTERS	03/15/04	SL	5.00		16	627.				627.	627.		0.	627.
259	LASER PRINTER	09/06/05	SL	5.00		16	799.				799.	799.		0.	799.
261	HELIX SERVER	06/30/06	SL	5.00		16	23,250.				23,250.	23,250.		0.	23,250.
276	2009 CHRYSLER TOWN AND COUNTRY	03/27/09	SL	5.00		16	22,347.				22,347.	22,348.		0.	22,348.
278	MULTI MEDIA PROJECTOR	12/10/09	SL	5.00		16	1,416.				1,416.	1,416.		0.	1,416.
281	COMPAQ BUSINESS DESKTOP	08/05/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
282	COMPAQ BUSINESS DESKTOP	08/05/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
283	COMPAQ BUSINESS DESKTOP	08/05/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
285	HP PROLIANT ENTRY LEVEL SERVER	09/30/10	SL	5.00		16	8,688.				8,688.	8,688.		0.	8,688.
286	OFFICE PROFESSIONAL PLUS	09/09/10	SL	3.00		16	1,904.				1,904.	1,904.		0.	1,904.
287	LICENSE-1 ANDAR USER SESSION	10/14/10	SL	3.00		16	1,750.				1,750.	1,750.		0.	1,750.
289	HP 600 INTERNAL HARD DRIVE	12/15/10	SL	5.00		16	1,889.				1,889.	1,889.		0.	1,889.
290	4 HP DESKTOP 505B WITH MONITORS	02/24/12	SL	5.00		16	2,852.				2,852.	2,852.		0.	2,852.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
291	4 HP DESKTOP 505B WITH MONITORS	02/24/12	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
292	COMPAQ 21.5" LED LCD MONITOR	02/24/12	SL	5.00		16	199.				199.	199.		0.	199.
293	FAX L510	04/13/12	SL	5.00		16	699.				699.	699.		0.	699.
294	DATA PRO ACCOUNTING SOFTWARE UPGRADE	02/24/12	SL	3.00		16	2,700.				2,700.	2,700.		0.	2,700.
296	DESKTOP & MONITOR	01/21/13	SL	5.00		16	993.				993.	993.		0.	993.
297	DESKTOP & MONITOR	01/21/13	SL	5.00		16	993.				993.	993.		0.	993.
298	MONITOR (WALTER)	01/21/13	SL	5.00		16	207.				207.	207.		0.	207.
299	HP PRO BOOK 4540S NOTEBOOK	01/21/13	SL	5.00		16	950.				950.	950.		0.	950.
300	HP PRO BOOK 4540S NOTEBOOK	01/21/13	SL	5.00		16	950.				950.	950.		0.	950.
301	LICENSE FEE E PLEDGE MODULE	03/19/13	SL	3.00		16	5,000.				5,000.	5,000.		0.	5,000.
302	LICENSE FEE C CARD ACH	03/27/13	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
304	E-C IMPACT SOFTWARE FOR GRANT APPLICATION PRO	07/01/13	SL	3.00		16	9,379.				9,379.	9,379.		0.	9,379.
305	APPLE IPAD AIR 16 GB W/ CHARGER	03/12/14	SL	5.00		16	1,199.				1,199.	1,199.		0.	1,199.
306	HP SB DESKTOP PRO & MONITOR	03/12/14	SL	5.00		16	1,048.				1,048.	1,048.		0.	1,048.
307	SERVER UPGRADE	03/12/14	SL	5.00		16	1,654.				1,654.	1,654.		0.	1,654.
308	HP OFFICEJET X551 INKJET PRINTER	03/12/14	SL	5.00		16	1,099.				1,099.	1,099.		0.	1,099.
309	OFFICE FURNITURE	08/27/14	SL	7.00		16	22,527.				22,527.	14,617.		0.	14,617.
310	COMMUNITY ROOM CHAIRS	09/12/14	SL	7.00		16	2,755.				2,755.	2,755.		0.	2,755.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
311	CABINETS	10/02/14	SL	7.00		16	1,519.				1,519.	1,519.		0.	1,519.
312	PHONE SYSTEM	09/30/14	SL	5.00		16	14,761.				14,761.	14,761.		0.	14,761.
313	PHONE EQUIPMENT RACK	11/11/14	SL	5.00		16	2,935.				2,935.	2,935.		0.	2,935.
314	HP DESKTOP AND MONITOR (GBM)	10/10/14	SL	5.00		16	1,769.				1,769.	1,769.		0.	1,769.
315	SERVER UPGRADES	10/10/14	SL	5.00		16	3,231.				3,231.	3,231.		0.	3,231.
316	HP ML350T709	10/27/15	SL	5.00		16	8,667.				8,667.	8,667.		0.	8,667.
317	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	1,250.		0.	1,250.
318	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	1,250.		0.	1,250.
319	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	1,250.		0.	1,250.
320	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	1,250.		0.	1,250.
321	NIKON COOLPIX CAMERA & MEMORY CARD	05/22/17	SL	5.00		16	643.				643.	643.		0.	643.
322	PARTITION WALLS	04/22/19	SL	7.00		16	7,694.				7,694.	6,090.		1,099.	7,189.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						191,379.				191,379.	171,544.		4,235.	175,779.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						191,379.				191,379.	171,544.		4,235.	175,779.
323	CANON IR 5250 COLOR COPIER	10/14/19	SL	5.00		16	1,938.				1,938.	1,767.		171.	1,938.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,938.				1,938.	1,767.		171.	1,938.
	* 990 PAGE 10 TOTAL -						1,938.				1,938.	1,767.		171.	1,938.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
263	COMPUTER EQUIPMENT	11/16/06	SL	5.00		16	1,557.				1,557.	1,557.		0.	1,557.
275	PHASER 856DN PRINTER	11/29/07	SL	5.00		16	899.				899.	899.		0.	899.
295	HP ELITEBOOK 8560P NOTEBOOK	06/11/12	SL	5.00		16	974.				974.	974.		0.	974.
303	HP LASERJET M551DN COLOR PRINTER	11/06/12	SL	5.00		16	994.				994.	994.		0.	994.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,424.				4,424.	4,424.		0.	4,424.
	* 990 PAGE 10 TOTAL -						4,424.				4,424.	4,424.		0.	4,424.
	* GRAND TOTAL 990 PAGE 10 DEPR						197,741.				197,741.	177,735.		4,406.	182,141.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR FEDERAL - UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
324	75" CONFERENCE ROOM SCRE	06 29 21	SL	5.00	16	6,706.			6,706.	4,225.		1,341.
325	NEW SERVER	04 28 23	SL	7.00	16	8,140.			8,140.	299.		1,795.
212	WATER COOLER	04 04 00	200DB	7.00	17	728.			728.	728.		0.
242	6 LAZER PRINTERS	10 15 03	SL	5.00	16	1,212.			1,212.	1,212.		0.
249	3 LAZER PRINTERS	03 15 04	SL	5.00	16	627.			627.	627.		0.
259	LASER PRINTER	09 06 05	SL	5.00	16	799.			799.	799.		0.
261	HELIX SERVER	06 30 06	SL	5.00	16	23,250.			23,250.	23,250.		0.
276	2009 CHRYSLER TOWN AND COUNTRY	03 27 09	SL	5.00	16	22,347.			22,347.	22,348.		0.
278	MULTI MEDIA PROJECTOR	12 10 09	SL	5.00	16	1,416.			1,416.	1,416.		0.
281	COMPAQ BUSINESS DESKTOP	08 05 10	SL	5.00	16	1,500.			1,500.	1,500.		0.
282	COMPAQ BUSINESS DESKTOP	08 05 10	SL	5.00	16	1,500.			1,500.	1,500.		0.
283	COMPAQ BUSINESS DESKTOP	08 05 10	SL	5.00	16	1,500.			1,500.	1,500.		0.
285	HP PROLIANT ENTRY LEVEL SERVER	09 30 10	SL	5.00	16	8,688.			8,688.	8,688.		0.
286	OFFICE PROFESSIONAL PLUS	09 09 10	SL	3.00	16	1,904.			1,904.	1,904.		0.
287	LICENSE-1 ANDAR USER SESSION	10 14 10	SL	3.00	16	1,750.			1,750.	1,750.		0.
289	HP 600 INTERNAL HARD DRIVE	12 15 10	SL	5.00	16	1,889.			1,889.	1,889.		0.
290	4 HP DESKTOP 505B WITH MONITORS	02 24 12	SL	5.00	16	2,852.			2,852.	2,852.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
291	4 HP DESKTOP 505B WITH MONITORS	02 24 12	SL	5.00	16	5,000.			5,000.	5,000.		0.
292	COMPAQ 21.5" LED LCD MONITOR	02 24 12	SL	5.00	16	199.			199.	199.		0.
293	FAX L510	04 13 12	SL	5.00	16	699.			699.	699.		0.
294	DATA PRO ACCOUNTING SOFTWARE UPGRADE	02 24 12	SL	3.00	16	2,700.			2,700.	2,700.		0.
296	DESKTOP & MONITOR	01 21 13	SL	5.00	16	993.			993.	993.		0.
297	DESKTOP & MONITOR	01 21 13	SL	5.00	16	993.			993.	993.		0.
298	MONITOR (WALTER)	01 21 13	SL	5.00	16	207.			207.	207.		0.
299	HP PRO BOOK 4540S NOTEBOOK	01 21 13	SL	5.00	16	950.			950.	950.		0.
300	HP PRO BOOK 4540S NOTEBOOK	01 21 13	SL	5.00	16	950.			950.	950.		0.
301	LICENSE FEE E PLEDGE MODULE	03 19 13	SL	3.00	16	5,000.			5,000.	5,000.		0.
302	LICENSE FEE C CARD ACH	03 27 13	SL	3.00	16	1,000.			1,000.	1,000.		0.
304	E-C IMPACT SOFTWARE FOR GRANT APPLICAT	07 01 13	SL	3.00	16	9,379.			9,379.	9,379.		0.
305	APPLE IPAD AIR 16 GB W/ CHARGER	03 12 14	SL	5.00	16	1,199.			1,199.	1,199.		0.
306	HP SB DESKTOP PRO & MONITOR	03 12 14	SL	5.00	16	1,048.			1,048.	1,048.		0.
307	SERVER UPGRADE	03 12 14	SL	5.00	16	1,654.			1,654.	1,654.		0.
308	HP OFFICEJET X551 INKJET PRINTER	03 12 14	SL	5.00	16	1,099.			1,099.	1,099.		0.
309	OFFICE FURNITURE	08 27 14	SL	7.00	16	22,527.			22,527.	14,617.		0.
310	COMMUNITY ROOM CHAIRS	09 12 14	SL	7.00	16	2,755.			2,755.	2,755.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
311	CABINETS	10 02 14	SL	7.00	16	1,519.			1,519.	1,519.		0.
312	PHONE SYSTEM	09 30 14	SL	5.00	16	14,761.			14,761.	14,761.		0.
313	PHONE EQUIPMENT RACK	11 11 14	SL	5.00	16	2,935.			2,935.	2,935.		0.
314	HP DESKTOP AND MONITOR (GBM)	10 10 14	SL	5.00	16	1,769.			1,769.	1,769.		0.
315	SERVER UPGRADES	10 10 14	SL	5.00	16	3,231.			3,231.	3,231.		0.
316	HP ML350T709	10 27 15	SL	5.00	16	8,667.			8,667.	8,667.		0.
317	HP ELITEDESK 800G DESKTOP COMPUTER	05 31 16	SL	5.00	16	1,250.			1,250.	1,250.		0.
318	HP ELITEDESK 800G DESKTOP COMPUTER	05 31 16	SL	5.00	16	1,250.			1,250.	1,250.		0.
319	HP ELITEDESK 800G DESKTOP COMPUTER	05 31 16	SL	5.00	16	1,250.			1,250.	1,250.		0.
320	HP ELITEDESK 800G DESKTOP COMPUTER	05 31 16	SL	5.00	16	1,250.			1,250.	1,250.		0.
321	NIKON COOLPIX CAMERA & MEMORY CAR	05 22 17	SL	5.00	16	643.			643.	643.		0.
322	PARTITION WALLS	04 22 19	SL	7.00	16	7,694.			7,694.	6,090.		1,099.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					191,379.		0.	191,379.	171,544.		4,235.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT					191,379.		0.	191,379.	171,544.		4,235.
323	CANON IR 5250 COLOR COPIER	10 14 19	SL	5.00	16	1,938.			1,938.	1,767.		171.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					1,938.		0.	1,938.	1,767.		171.
	* 990 PAGE 10 TOTAL -					1,938.		0.	1,938.	1,767.		171.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
263	COMPUTER EQUIPMENT	11 16 06	SL	5.00	16	1,557.			1,557.	1,557.		0.
275	PHASER 856DN PRINTER	11 29 07	SL	5.00	16	899.			899.	899.		0.
295	HP ELITEBOOK 8560P NOTEBOOK	06 11 12	SL	5.00	16	974.			974.	974.		0.
303	HP LASERJET M551DN COLOR PRINTER	11 06 12	SL	5.00	16	994.			994.	994.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					4,424.		0.	4,424.	4,424.		0.
	* 990 PAGE 10 TOTAL -					4,424.		0.	4,424.	4,424.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					197,741.		0.	197,741.	177,735.		4,406.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2024

Prepared for	UNITED WAY OF WYOMING VALLEY ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701
Prepared by	KRONICK KALADA BERDY & CO., P.C. 190 LATHROP ST. KINGSTON, PA 18704
Amount due or refund	BALANCE DUE OF $250.00
Make check payable to	COMMONWEALTH OF PENNSYLVANIA
Mail tax return and check (if applicable) to	PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CHARITABLE ORGANIZATIONS 401 NORTH ST RM 207 HARRISBURG, PA 17120
Return must be mailed on or before	MAY 15, 2025
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Mail to:
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
401 North St Rm 207
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 11/2023)

Fee: See instructions

Certificate number: 427
(N/A if initial registration)

Fiscal year ended: 06/30/2024
MM DD YYYY

FEIN: **-***1490

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☐ Organization is exempt from registration because _____

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

☐ Check if name change and give previous name _____

2. All other names used to solicit contributions:

STATE EMPLOYEE COMBINED APPEAL (SECA)

3. Contact person: FRANCIS J. COLLINI Contact's e-mail: JCOLLINI@UNITEDWAYWB.ORG

4. Principal address of organization:

100 NORTH PENNSYLVANIA AVENUE
WILKES BARRE
PA 18701

Mailing address (if different than principal address):

County: _____ Phone number: 570-829-6711

800 number: _____ Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.UNITEDWAYWB.ORG

Item 5 to be completed by initial registrants only

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
CORPORATION

Where established: PENNSYLVANIA Date established:* 05/02/1956

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

☐ Not Applicable

UNITED WAY OF SUSQUEHANNA COUNTY

P.O. BOX 365, NEW MILFORD, PA 18834

570-465-3868

7. Short form registration applicability - Specified types of charitable organizations described in ¼162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

☐ §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

☐ §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

☐ §162.7(a)(3) - Organizations which receive gross contributions of no more than $25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

☐ §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of $100,000 and did not use a professional solicitor.

☒ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY

Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than $25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than $25,000.
_____
MM DD YYYY

Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? [X] Yes [ ] No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? [ ] Yes [X] No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? [X] Yes [ ] No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):

[ ] Does not solicit contributions
DIRECT MAIL

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

BY RAISING FINANCIAL RESOURCES THROUGHOUT THE YEAR, THE UNITED WAY OF WYOMING VALLEY & SUSQUEHANNA COUNTY IMPACTS ITS LOCAL COMMUNITIES BY FOCUSING ON IMPROVING PEOPLE'S HEALTH, BUILDING STABLE COMMUNITIES, AND STRENGTHENING AT-RISK POPULATIONS.

14. Is the organization registered to solicit contributions in any other state or municipality?

[ ] Yes [X] No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) [ ] Yes [X] No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

[ ] Not Applicable

SEE STATEMENT 1

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

☐ Not Applicable

SEE STATEMENT 2

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

☐ Not Applicable

N/A

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?
(See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")
☐ Yes ☒ No ☐ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization | Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
(Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

BOARD OF DIRECTORS

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

D. Are responsible for custody of financial records:

FRANCIS J. COLLINI

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? ☐ Yes ☒ No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
☐ Yes ☒ No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
☐ Yes ☒ No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

FRANCIS J. COLLINI, CFO

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

JENNIFER SORDONI , INTERIM PRESIDENT & PRESIDENT

Type or print name and title of Other Authorized Officer

Checklist for registration:

- [X] Completed registration statement properly signed and dated.
- [X] A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- [ ] Public Disclosure Form BCO-23 (if required)
- [X] Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- [X] Registration fee and any late filing fees
- [ ] Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10 ALL PROFESSIONAL SOLICITORS STATEMENT 1

NAME AND ADDRESS PHONE NUMBER

N/A

CONTRACT BEGIN DATE	CONTRACT END DATE	SOLICIT DATE

FORM BCO-10 PROFESSIONAL FUNDRAISING COUNSELS STATEMENT 2

NAME AND ADDRESS	PHONE NUMBER
N/A	

CONTRACT BEGIN DATE	CONTRACT END DATE	SERVICE DATE

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 3

NAME AND ADDRESS	TITLE
WILLIAM M JONES 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	PRESIDENT/CEO
FRANCIS COLLINI 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CFO
GINO BARTOLI 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE/AUDIT COMMITTEE
SARAH BLOCK 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	HIV/CIC COMMITTEE
CARMEN KAHIU 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	PERSONNEL & ETHICS CHAIR/STEER

NAME AND ADDRESS	TITLE
BILL SORDONI 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	EXECUTIVE COMMITTEE
DANIELLE HAWLEY 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	2ND VICE CHAIR, TREASURER
JOHN MCCARTHY 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE & AUDIT/YOUNG PROF
TROY STANDISH 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	SECRETARY, EXECUTIVE/GOVERNANC
SUSANNE MULLIN 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE & AUDIT COMMITTEE
PAT ENDLER 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC/STEERING COMMITTEE
DON BROMINSKI 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	EXECUTIVE/GOVERNANCE CHAIR/STE
ATTY. PAUL RUSHTON 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	1ST VICE CHAIR, EXECUTIVE/GOVE

NAME AND ADDRESS	TITLE
ROBERT GRAHAM III 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE & AUDIT COMMITTEE
CARL WITKOWSKI 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	STEERING CHAIR/CIC COMMITTEE
REV. MICHAEL BREWSTER 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC COMMITTEE
TARA MUGFORD WILSON 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CHAIR, EXECUTIVE COMMITTEE
ZUBEEN SAEED 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	STEERING/GOVERNANCE COMMITTEE
BETH HASTIE 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC COMMITTEE
GERT MCGOWAN 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC COMMITTEE, VICE CHAIR
MEGAN KENNEDY 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC COMMITTEE
CHRISTINE JENSEN 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC - CHAIR/EXECUTIVE

NAME AND ADDRESS	TITLE
DAN KIMBROUGH 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	STEERING/CIC COMMITTEE
LINDSAY GRIFFIN-BOYLAN 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	GOVERNANACE COMMITTEE
JAMES FOREMAN 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	PERSONNEL & ETHICS/HIV
TINA DOWD 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	STEERING/FINANCE & AUDIT COMMI
CARMEN MAGISTRO 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE & AUDIT COMMITTEE
AMY VIENEY 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	PERSONNEL & ETHICS/CIC COMMITT
DR. GREG CANT 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE & AUDIT/GOVERNANCE COM
KERRI MCKEOWN 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC/PERSONNEL & ETHICS COMMITT

NAME AND ADDRESS	TITLE
JOSH KATYL 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	GOVERNANACE /PERSONNEL & ETHIC
ED CASULLI 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE & AUDIT COMMITTEE
DR. DAN MYERS 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	FINANCE & AUDIT COMMITTEE
DANI MOONEY 100 NORTH PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	CIC COMMITTEE